5

U.S. Patentiate Tragemary Office, U.S. DEPARTMENT OF G. DOWNER Co.

AMENDM

Independent (37 CFR 1.14(e))

|                | PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-S75  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-S75 |  |                 |   |              |   |                  |                    |                        |      |                                      | :.i                    |                                       |
|----------------|--|--|-----------------|---|--------------|---|------------------|--------------------|------------------------|------|--------------------------------------|------------------------|---------------------------------------|
|                | CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)   |  |                 |   |              |   |                  | SMALL!             | ENTITY                 | ОŖ   | OTHER<br>SIWALL                      |                        | s with an                             |
|                | FOR  |  |                 | RUASE                                     | NUMBER FILED |   | NUMBER EXTRA     |                    | FEE                    | '    | RATE                                 | FEE                    |                                       |
|                | EASIC FEE<br>(37 CFR 1.16(a))  |  |                 |   |              |   |                  |                    | s                      | OR j |                                      | <u>:</u>               |                                       |
|                | (37 (  | AL CLAIS<br>CFR 1.16   | (c))            |   | minus 20     |   |                  | X \$=              |                        | OR   | x s=                                 |                        |                                       |
|                |  | PENDEN<br>FR 1.16  | NT CLAIN        | IS  | minus 3      |   |                  | x 5=               |                        | OR   | x \$ *                               |                        | •                                     |
|                | AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0))  |  |                 |   |              |   |                  | +5=                | :                      | OR   | +5=                                  |                        |                                       |
|                | "If the difference in column 1 is less than zero, enter "0" in column 2.   |  |                 |   |              |   |                  | TOTAL              | L                      | OR   | TOTAL                                |                        | -<br>                                 |
| , do           | D  | CLAIMS AS AMENDED - PART II  Column 1) (Column 2) (Column 3) |                 |   |              |   |                  |                    | SMALL ENTITY           |      |                                      | HER THAN<br>ALL ENTITY |                                       |
|                | NDMENT   |  | •               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL<br>FEE |      | . RATE                               | ADDI-<br>TIORAL<br>FEE | •                                     |
|                | 岁  | To<br>per cer  | 12l<br>::-4cl)  | 123                                       | Minus        | 91  | •                | x \$ =             |                        | OR   |                                      |                        |                                       |
| ₹              | MEN  | Incager<br>of CVR  |                 | . 3                                       | Minus        | <b>8</b>                                    | -                | X S,=              |                        | OR   | -x s                                 |                        |                                       |
| 3              | Ą  | FIRST  | PRESENT         | ATION OF MULTIPLE                         | E DEPEND     | ENT CLAIM 137 CF                            | R 1.15(d))       | + 5,               |                        | OR   | ·<br>· · · · · · · · · · · · · · · · | <del> </del>           | ** ******                             |
| <b>%</b>       |  | <b>.</b>   |                 | •   |              |   | -                | TOTAL<br>ADD'L FEE |                        | GR   | ADD L FEE                            |                        |                                       |
|                |  |  |                 | (Column 1)                                |              | (Column 2)                                  | (Cotumn 3)       | ,                  |                        | 1 !  |                                      |                        |                                       |
| BEST AVAILABLE | 8<br>17  |  | 205             | CLAINS REMAINING AFTER AMENDMENT          |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL<br>FEE | 1    | 4- RATE                              | ADD:<br>T:ONAL<br>FEE  | :<br>-, -                             |
| ~              | Š  | To<br>LST CER  | 121<br>ं अंदर्भ | Conf                                      | Minus        | 9/  | • —              | X S                |                        | OR   | .x s=                                |                        | · · · · · · · · · · · · · · · · · · · |

TOTAL

ADD'L FEE

|     |                                 | •   |       |   |                  |                    |                        | •   |          |
|-----|---------------------------------|---|-------|---|------------------|--------------------|------------------------|-----|----------|
|     |                                 | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |                    |                        |     | _        |
| NTC |                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL<br>FEE |     | Z        |
| DME | Total<br>इस द्वार १९७५          |   | Minus | ••  | =                | X \$=              |                        | OR  | <u>.</u> |
| E   | Independent<br>(47 C+R 1/16(bi) |   | Monus |   | =                | x \$=              |                        | OR  | ×        |
| AM  | FIRST PRESEN                    | TATION OF MULTIPL                         | + 5=  |   | OR !             | 1/2 4/             |                        |     |          |
|     |                                 |   |       |   |                  | TOTAL<br>ADD'L FEE |                        | OR: | T(       |

|            | 1,   | •         |                        | l |
|------------|------|-----------|------------------------|---|
| DI-<br>NAL |      | RATE      | ADDI-<br>TIONAL<br>FEE |   |
|            | OR   | .īx.s     |                        |   |
|            | OR j | * i \$ 50 | <u></u>                | - |
|            | OR ! | * 5       |                        |   |
|            | OR   | ADO'L FEE |                        |   |

- 32721. 51

TOTAL . .

ADD'L FEE

OR : OR

OR ]

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.15(d))

In a Highest Number Mewously Paid For (10tal or independent) is the regimen formed in the appropriate own in County 1. This collection of information is required by 37 CFR 1.16. The information is obtain or retain a benefit by the pubbic which is to file, feed by the USPTO to process) an application. Confedenality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with very depending upon the information of high transfer on the amount of time you require to complete it is form and/or suggestions for reducing this burger, should be sent to the Crief Information Officer U.S. Peter's and Tracemark Office. U.S. Denartment of Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (Totat or Independent) is the highest number found in the appropriate box in column 1.